

Case No. _____

Chapter 13

CHAPTER 13 PAYMENT PLAN

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|---|---|--------|----|------|----------|----------|----|--------|---|----|------|----------|----|--|---|--|------|--|----|--|---|--|------|--|----|--|---|--|------|--|--|
| PLAN DATED: 11/20/2013
<input checked="" type="checkbox"/> PRE <input type="checkbox"/> POST-CONFIRMATION | <input type="checkbox"/> AMENDED PLAN DATED: _____
Filed by: <input type="checkbox"/> Debtor <input type="checkbox"/> Trustee <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: center;">I. PAYMENT PLAN SCHEDULE</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">\$</td> <td style="width: 15%;">100.00</td> <td style="width: 5%;">x</td> <td style="width: 10%;">36</td> <td style="width: 5%;">= \$</td> <td style="width: 55%;">3,600.00</td> </tr> <tr> <td>\$</td> <td>200.00</td> <td>x</td> <td>24</td> <td>= \$</td> <td>4,800.00</td> </tr> <tr> <td>\$</td> <td></td> <td>x</td> <td></td> <td>= \$</td> <td></td> </tr> <tr> <td>\$</td> <td></td> <td>x</td> <td></td> <td>= \$</td> <td></td> </tr> <tr> <td>\$</td> <td></td> <td>x</td> <td></td> <td>= \$</td> <td></td> </tr> </table> <p style="text-align: right; margin-top: 10px;">TOTAL: \$ 8,400.00</p> <p>Additional Payments:
 \$ _____ to be paid as a LUMP SUM
 within _____ with proceeds to come from:</p> <p><input type="checkbox"/> Sale of Property identified as follows:

 _____</p> <p><input type="checkbox"/> Other:

 _____</p> <p>Periodic Payments to be made other than, and in
 addition to the above:
 \$ _____ x _____ = \$ _____</p> <p style="text-align: right; margin-top: 10px;">PROPOSED BASE: \$ 8,400.00</p> | \$ | 100.00 | x | 36 | = \$ | 3,600.00 | \$ | 200.00 | x | 24 | = \$ | 4,800.00 | \$ | | x | | = \$ | | \$ | | x | | = \$ | | \$ | | x | | = \$ | | <div style="text-align: center;">II. DISBURSEMENT SCHEDULE</div> <p>A. ADEQUATE PROTECTION PAYMENTS OR _____ \$ _____</p> <p>B. SECURED CLAIMS:
 <input type="checkbox"/> Debtor represents no secured claims.
 <input checked="" type="checkbox"/> Creditors having secured claims will retain their liens and shall be paid as follows:</p> <p>1. <input checked="" type="checkbox"/> Trustee pays secured ARREARS:
 Cr. Banco Popular De Pu Cr. _____ Cr. _____
 # 71010014886546 # _____ # _____
 \$ 5,900.00 \$ _____ \$ _____</p> <p>2. <input type="checkbox"/> Trustee pays IN FULL Secured Claims:
 Cr. _____ Cr. _____ Cr. _____
 # _____ # _____ # _____
 \$ _____ \$ _____ \$ _____</p> <p>3. <input type="checkbox"/> Trustee pays VALUE OF COLLATERAL:
 Cr. _____ Cr. _____ Cr. _____
 # _____ # _____ # _____
 \$ _____ \$ _____ \$ _____</p> <p>4. <input type="checkbox"/> Debtor SURRENDERS COLLATERAL to Lien Holder:
 _____</p> <p>5. <input type="checkbox"/> Other:
 _____</p> <p>6. <input checked="" type="checkbox"/> Debtor otherwise maintains regular payments directly to:
 Banco Popular De Pu _____</p> <p>C. PRIORITIES: The Trustee shall pay priorities in accordance with the law.
 11 U.S.C. § 507 and § 1322(a)(2)</p> <p>D. UNSECURED CLAIMS: Plan <input type="checkbox"/> Classifies <input checked="" type="checkbox"/> Does not Classify Claims.</p> <p>1. (a) Class A: <input type="checkbox"/> Co-debtor Claims / <input type="checkbox"/> Other: _____
 <input type="checkbox"/> Paid 100% / <input type="checkbox"/> Other: _____
 Cr. _____ Cr. _____ Cr. _____
 # _____ # _____ # _____
 \$ _____ \$ _____ \$ _____</p> <p>2. Unsecured Claims otherwise receive PRO-RATA disbursements.</p> <p>OTHER PROVISIONS: <i>(Executory contracts; payment of interest to unsecureds, etc.)</i>
 FAILURE TO TIMELY OBJECT TO THIS PLAN BY A CREDITOR CONSTITUTES A WAIVER OF
 THE EQUAL MONTHLY AMOUNT METHOD OF PAYMENT 11 USC 1325 (a)(5).</p> <p>ATTORNEY'S FEES WILL BE PAID AHEAD OF SECURED CREDITORS PER 11 USC 330.</p> <p>TAX REFUNDS, IF ANY ARE RECEIVED BY DEBTOR, WILL BE TENDERED TO THE TRUSTEE
 AS PERIODIC PAYMENTS TO FUND THE PLAN UNTIL PLAN COMPLETION IN ADDITION TO
 PAYMENTS ALREADY PROVIDED HEREIN. IF DEBTOR(S) NEED TO USE ANY PART OF THESE
 FUNDS, PROPER AUTHORIZATION WILL BE SOUGHT FROM THE COURT FOR SUCH
 PURPOSE.</p> |
| \$ | 100.00 | x | 36 | = \$ | 3,600.00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | 200.00 | x | 24 | = \$ | 4,800.00 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | | x | | = \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | | x | | = \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \$ | | x | | = \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="text-align: center;">III. ATTORNEY'S FEES
 (Treated as § 507 Priorities)</div> <p>Outstanding balance as per Rule 2016(b) Fee
 Disclosure Statement: \$ 2,981.00</p> | <p>Signed: <u>/s/ LUIS E DIAZ CLAUDIO</u>
 Debtor</p> <p><u>/s/ JOHANNA ALEJANDRO MONTANEZ</u>
 Joint Debtor</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Phone: (787) 607-2066